

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	17X	70291	8/5/
O.I.P.E. CLASSIFIER		49	8/14/5
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	bw	C4830	9-9

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final	Original 10/18/03
1	✓ ✓ ✓
2	✓ ✓
3	✓ ✓
4	✓ ✓
5	✓ ✓
6	✓ ✓
7	✓ ✓
8	✓ ✓
9	✓ ✓
10	✓ ✓
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12	✓ ✓
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15	✓ ✓
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17	✓ ✓
18	✓ ✓
19	✓ ✓
20	✓ ✓
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25	✓ ✓
26	✓ ✓
27	✓ ✓
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29	✓ ✓
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31	✓ ✓
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35	✓ ✓
36	✓ ✓
37	✓ ✓
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39	✓ ✓
40	✓ ✓
41	✓ ✓
42	✓ ✓
43	✓ ✓
44	✓ ✓
45	✓ ✓
46	✓ ✓
47	✓ ✓
48	
49	✓ ✓
50	✓ ✓

Claim	Date
Final	Original
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Claim	Date
Final	Original
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If more than 150 claims or 10 actions
staple additional sheet here

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Best Available Copy